

Report Year:

2010

10377

Tahoe Forest Hospital

Truckee

Page:1 of 24

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**Provide the Hospital Owner and Year of Report per Section 130061(e)**

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Facility Number:

10377

Facility Name:

Tahoe Forest Hospital

Address:

10121 Pine Street

City:

Truckee

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Hospital Owner/Licensee:

Tahoe Forest Hospital District

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Marvin O. Baker

Submission Date:

1/27/2011 1:00:00 PM

Report Year:

2010

10377

Tahoe Forest Hospital

Truckee

Page:2 of 24

For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	1950 Building and 1966 Additions	10121 Pine Street	Replace	SPC5	01/01/2013	01/01/2013

Report Year:

2010

10377

Tahoe Forest Hospital

Truckee

Page:3 of 24

For each building which is planned for retrofitting or replacement, provide the project numbers, per [Section 130061\(c\)\(1\)\(C\)](#). The projected construction start date or dates and projected Completion date or dates per [Section 130061\(c\)\(1\)\(D\)](#) and the most recent project status and approvals per [Section 130061\(c\)\(1\)\(E\)](#).

Building No:

01

1950 Building and 1966 Additions

Retrofit/Replacement  
Project:

Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
10377	HS010529	0	WESTERN ADDITION OF NEW WING MED/SURG ICU LAB ETC	03/07/2001	03/01/2004	03/01/2004	12/31/2012	OPEN	No

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 01

Building Name: 1950 Building and 1966 Additions

**Type of Service Provided**
☒ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adolescent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☒ Obstetrical Ante/Postpartum Inpatient Beds 4 Inpatient Days 915

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☒ Skilled Nursing Inpatient Beds 7 Inpatient Days 2190

Total Beds this Building 11

☒ Surgical

☒ Obstetrical Recovery

☒ Anesthesia

☐ Newborn/WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/Imaging

☐ Nuclear Medicine

☒ Pharmaceutical

☐ Dietetic

☒ Rehabilitation Therapy

☒ Administration

☐ Renal Dialysis

☒ Support Services

☐ Outpatient Surgery

☐ Obstetrical Cesarean/Deliv

☐ Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

01

Building Name:

1950 Building and 1966 Additions

**Medical / Surgical (Include GYN)**Inpatient  
Bed

4

Inpatient  
Days

915

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

7

Inpatient  
Days

2190

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

11

**Total Beds this  
Building Per  
Service**

0

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	1950 Building and 1966 Additions	<input type="checkbox"/>
03	1978 Building	<input type="checkbox"/>
04	1990 Building	<input type="checkbox"/>
05	1993 Building	<input type="checkbox"/>
06	Med Gas Storage Building	<input type="checkbox"/>
11	Western Addition	<input type="checkbox"/>

Report Year:

2010

10377

Tahoe Forest Hospital

Truckee

Page:7 of 24



Report Status: **Data Last Update:** 01/27/2011

**Submission Date:** 01/27/2011

**Print Date:** 1/28/2011 8:38 AM

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

01

Building Name:

1950 Building and 1966 Additions

### Type of Service Provided

☒

Nursing

☐

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☒Obstetrical  
Ante/Postprtum☐Intermediate  
Care☒

Skilled Nursing

☒

Surgical

☒

Anesthesia

☐

Clinical Lab

☐Radiological/  
Imaging☒

Pharmaceutical

☐

Dietetic

☒

Administration

☐Obstetrical  
Cesarean/Deliv☒Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☒Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☐

Central Plant

☒Support  
Services



Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01

Building Name:

1950 Building and 1966 Additions

Configuration

:

Replace with new SPC 5 and NPC 4 or NPC 5 building

**Type of Service Provided**☒

Nursing

☐

IntensiveCare

☐

Pediatric/Adolescent

☐

Psychiatric Nursing

☒

Obstetrical Ante/Postpartum

☐

Intermediate Care

☒

Skilled Nursing

☒

Surgical

☒

Anesthesia

☐

Clinical Lab

☐

Radiological/Imaging

☒

Pharmaceutical

☐

Dietetic

☒

Administration

☐

Obstetrical Cesarean/Deliv

☒

Obstetrical Recovery

☐

Newborn/WellBaby

☐

Emergency

☐

Nuclear Medicine

☒

Rehabilitation Therapy

☐

Renal Dialysis

☐

Outpatient Surgery

☐

Central Plant

☒

Support Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

03

Building Name:

1978 Building

Configuration

:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**☒

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☒Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☒Outpatient  
Surgery☐Psychiatric  
Nursing☒Radiological/  
Imaging☐Newborn/  
WellBaby☒Outpatient  
Surgery☐Obstetrical  
Ante/Postpartum☐

Pharmaceutical

☒

Emergency

☒

Central Plant

☐Intermediate  
Care☒

Dietetic

☒

Nuclear Medicine

☒Support  
Services☐

Skilled Nursing

☐

Administration

☐

Nuclear Medicine

☒Support  
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

04

Building Name:

1990 Building

Configuration  
:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**☒

Nursing

☒

Surgical

☒Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☒

Anesthesia

☒Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☒Outpatient  
Surgery☐Psychiatric  
Nursing☒Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Administration

☐☐

Skilled Nursing

☐

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

05

Building Name:

1993 Building

Configuration  
:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☒

Dietetic

☐

Skilled Nursing

☐

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

06

Building Name:

Med Gas Storage Building

Configuration  
:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☒

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Skilled Nursing

☐

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

11

Building Name:

Western Addition

Configuration

:

Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**☒

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☒

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Psychiatric  
Nursing☒Radiological/  
Imaging☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Obstetrical  
Ante/Postpartum☐

Pharmaceutical

☐

Emergency

☒

Central Plant

☐Intermediate  
Care☐

Dietetic

☐

Nuclear Medicine

☒Support  
Services☐

Skilled Nursing

☐

Administration

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 03

Building Name: 1978 Building

**Type of Service Provided**
☒ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric Inpatient  
Nursing Beds 0

☐ Obstetrical Inpatient  
Ante/Postprtum Beds 0

☐ Intermediate Inpatient  
Care Beds 0

☐ Skilled Nursing Inpatient  
Beds 0

Total Beds this Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☒ Radiological/  
Imaging

☐ Pharmaceutical

☒ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☒ Emergency

☒ Nuclear  
Medicine

☒ Rehabilitation  
Therapy

☐ Renal Dialysis

☒ Outpatient  
Surgery

☒ Central Plant

☒ Support  
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 04

Building Name: 1990 Building

**Type of Service Provided**
☒ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric Inpatient  
Nursing Beds 0

☐ Obstetrical Inpatient  
Ante/Postprtum Beds 0

☐ Intermediate Inpatient  
Care Beds 0

☐ Skilled Nursing Inpatient  
Beds 0

Total Beds this Building 0

☒ Surgical

☒ Anesthesia

☐ Clinical Lab

☒ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☒ Obstetrical  
Cesarean/Deliv

☒ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☒ Outpatient  
Surgery

☐ Central Plant

☒ Support  
Services



Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 05

Building Name: 1993 Building

**Type of Service Provided**
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric  
Nursing Inpatient Beds 0

☐ Obstetrical  
Ante/Postprtum Inpatient Beds 0

☐ Intermediate  
Care Inpatient Beds 0

☐ Skilled Nursing  
Inpatient Beds 0

 Total Beds this  
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☒ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☐ Support  
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 06

Building Name: Med Gas Storage Building

**Type of Service Provided**
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric  
Nursing Inpatient Beds 0

☐ Obstetrical  
Ante/Postprtum Inpatient Beds 0

☐ Intermediate  
Care Inpatient Beds 0

☐ Skilled Nursing  
Inpatient Beds 0

 Total Beds this  
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☒ Central Plant

☐ Support  
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 11

Building Name: Western Addition

**Type of Service Provided**
☒ Nursing Inpatient Beds 25

☒ IntensiveCare Inpatient Beds 6

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric  
Nursing Inpatient Beds 0

☐ Obstetrical  
Ante/Postprtum Inpatient Beds 0

☐ Intermediate  
Care Inpatient Beds 0

☐ Skilled Nursing  
Inpatient Beds 0

 Total Beds this  
Building 31

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☒ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☒ Central Plant

☒ Support  
Services

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

03

Building Name:

1978 Building

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

04

Building Name:

1990 Building

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

05

Building Name:

1993 Building

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

06

Building Name:

Med Gas Storage Building

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

11

Building Name:

Western Addition

**Medical / Surgical (Include GYN)**Inpatient  
Bed

15

Inpatient  
Days

1649

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

6

Inpatient  
Days

619

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

21

**Total Beds this  
Building Per  
Service**

31